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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	862.C2286	
First Name	ed Inventor or Application Identifier	F. @
KITAHIRO KANEDA		80
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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231				
Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)				
2. Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)				
3. x Specification Total Pages 21	a. Computer Readable Form (CRF)				
4. x Drawing(s) (35 USC 113) Total Sheets 5	b. Specification Sequence Listing on:i. CD-ROM or CD-R (2 copies); or				
5. x Oath or Declaration Total Pages 1	ii. paper				
a. x Newly executed (original or copy)	c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS				
b. Copy from a prior application (37 CFR 1.63(d))	ACCOMINATING APPEICATION PARTS				
(for continuation/divisional with Box 17 completed)	9. X Assignment Papers (cover sheet & document(s))				
i. DELETION OF INVENTOR(S) Signed Statement attached deleting inventor named in the prior application, see 37 CFR	10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney				
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	11. English Translation Document (if applicable)				
	12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations				
	13. Preliminary Amendment				
F6. X Application Data Sheet. See 37 CFR 1.76	14. x Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)				
	16. Other:				
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:					
Continuation Divisional Continuation-in-part (CIP) of prior application No/ Prior application information: Examiner Group/Art Unit:					
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be					
relied upon when a portion has been inadvertently omitted from the submitted application parts. 18. CORRESPONDENCE ADDRESS					
X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below					
NAME					
Address					
Address					
City State	Zip Code				
Country Telephone	Fax				

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	11-20 =	0	X \$ 18.00 =	\$0
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	3-3 =	0	X \$ 80.00 =	\$0
	MULTIPLE DEPENDEN	T CLAIMS (if applicable) (37	CFR 1.16(d))	\$270.00 =	\$0
				BASIC FEE (37 CFR 1.16(a))	\$710.00
			Total of	above Calculations =	\$710.00
	Reduction by	50% for filing by small en	tity (Note 37 CFR 1.9, 1	.27, 1.28).	0
				TOTAL =	\$710.00
19. Sı a. b.		ntity statement is enclosed in tity statement was filed in ed.		at application and suc	h status is still proper
a. b. c. 20. [: 21. [:	A small er A small er and desire Is no long A check in the amount A check in the amount C Ommissioner is hereby 0. 06-1205:	ntity statement was filed in ed. er claimed. ount of \$ 710.00 to the ount of \$ 40.00 to the	the prior nonprovisional to cover the filling fee is end to cover the recordal fee	enclosed. is enclosed.	
a. b. c. 20.	A small er A small er and desire Is no long A check in the amount A check in the amount C A check in the amount B Commissioner is hereby C X Fees requires	ntity statement was filed in ed. er claimed. er claimed. euch of \$ $\frac{710.00}{40.00}$ to ount of \$ $\frac{40.00}{40.00}$	the prior nonprovisional to cover the filling fee is end to cover the recordal fee	enclosed. is enclosed.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
NAME	Jack M. Amold	
SIGNATURE (Joch M. arnold Pay. No. 25,823	
DATE	July 5, 2001	

Form #125